

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		<input type="text" value="546135.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="546135.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1025816.00"/>	<input type="text" value="1025816.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1571951.12"/>	<input type="text" value="1571951.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1830.68"/>	<input type="text" value="1830.68"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1570120.44"/>	<input type="text" value="1570120.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="176881.18"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: 01 / 01 / 2022 To: 01 / 31 / 2022

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	1025250.00	1025250.00
(ii) Unitemized	566.00	566.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1025816.00	1025816.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1025816.00	1025816.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1025816.00	1025816.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1025816.00	1025816.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1830.68	1830.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1830.68	1830.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1830.68	1830.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1830.68	1830.68

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1025816.00	1025816.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1025816.00	1025816.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1830.68	1830.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1830.68	1830.68

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Barrosse, Ellen, , ,			Date of Receipt MM / DD / YYYY 01 / 26 / 2022 Transaction ID : SA11AI.42735		
Mailing Address 1215 Barley Mill Road			Amount of Each Receipt this Period 1000000.00		
City Wilmington	State DE	Zip Code 19807-2225	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Synchrogenix Information Strategies		Occupation (for Individual) Founder and Chief Executive Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Buser, John, , ,			Date of Receipt MM / DD / YYYY 01 / 24 / 2022 Transaction ID : SA11AI.42738		
Mailing Address 5305 Swiss Avenue			Amount of Each Receipt this Period 25000.00		
City Dallas	State TX	Zip Code 75214-5243	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Neuberger Berman		Occupation (for Individual) Managing Director			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Minks, Rachel, , ,			Date of Receipt MM / DD / YYYY 01 / 12 / 2022 Transaction ID : SA11AI.42753		
Mailing Address 17024 Barium Street Northwest			Amount of Each Receipt this Period 250.00		
City Andover	State MN	Zip Code 55304-1623	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Capstone Homes		Occupation (for Individual) Director of Community & Culture			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional).....▶	1025250.00
TOTAL This Period (last page this line number only).....▶	1025250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. i360

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement Data Subscription Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 21 / 2022

FEC Identification Number: C

Transaction ID : SB21B.42760

Amount of Each Disbursement this Period: 340.00

Memo Item

B. USPS

Full Name (Last, First, Middle Initial)

Mailing Address 2850 S Quincy St

City Arlington State VA Zip Code 22206

Purpose of Disbursement PO Box Annual Renewal Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 12 / 2022

FEC Identification Number: C

Transaction ID : SB21B.42761

Amount of Each Disbursement this Period: 1410.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	1750.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.9700**
WOMEN SPEAK OUT PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc.			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2800 Shirlington Rd Ste 1200				
City Arlington	State VA	ZIP Code 22206		

Original Amount of Loan <input type="text" value="77452.55"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="77452.55"/>
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TERMS

Date Incurred MM / DD / YYYY 11 / 30 / 2017	Date Due MM / DD / YYYY 11/30/2021	Interest Rate <input type="text" value="0.00"/> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="77452.55"/>
TOTALS This Period (last page in this line only)	<input type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.13439**
WOMEN SPEAK OUT PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc.			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2800 Shirlington Rd Ste 1200				
City Arlington	State VA	ZIP Code 22206		

Original Amount of Loan 10118.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10118.58
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TERMS

Date Incurred MM / DD / YYYY 11 / 30 / 2018	Date Due MM / DD / YYYY 11/30/2022	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	10118.58
TOTALS This Period (last page in this line only)	▶	87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 10 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Denton US LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 1900 K Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period 26889.00	Transaction ID : SD10.39259	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 26889.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Bridge			Nature of Debt (Purpose): Estimate digital ads
Mailing Address 11300 Astarita Ave			
City Partlow	State VA	Zip Code 22534	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.15740	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period 10500.00	Transaction ID : SD10.4157	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10500.00

1) SUBTOTALS This Period This Page (optional)..... ▶	39389.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 14
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.4110	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Mailings Expense
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="5204.43"/>	Transaction ID : SD10.4318	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5204.43"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Original transactions put on SBA CC
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="8610.00"/>	Transaction ID : SD10.6625	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="8610.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="18814.43"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Expense put on SBA CC
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4709.73"/>	Transaction ID : SD10.6756	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4709.73"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on SBA Card
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="1894.83"/>	Transaction ID : SD10.9222	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1894.83"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Non-Federal - Supplies
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : SD10.15960	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6804.56"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Non-Federal - Travel
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="27.90"/>	Transaction ID : SD10.15958	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="27.90"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Salary / Contractor Pay
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4324.16"/>	Transaction ID : SD10.39334	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4324.16"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Legal Fees
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4950.00"/>	Transaction ID : SD10.41208	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4950.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9302.06"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 14
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Mailer Production- Tradewinds See Schedule E
Mailing Address 2800 Shirlington Rd Ste 1200			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period 15000.00		Transaction ID : SD10.41901	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	15000.00
2) TOTALS This Period (last page this line number only)..... ▶	89310.05
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	87571.13
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	176881.18